

# **NC Head Start-State Collaboration Office**



## **2010-11 Statewide Needs Assessment Update**

## INTRODUCTION

The Head Start Act (as amended December 12, 2007) required Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start and Early Head Start grantees in the state in areas of coordination, collaboration, alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, with *Foundations*, the State Early Learning Standards.

The Head Start Act also requires HSSCOs to use the results of the needs assessment to develop a strategic plan that outlines how they will assist and support Head Start grantees in meeting the requirements of the Head Start Act for coordination, collaboration, and alignment of services to enhance their success in serving children and families.

In 2009, the NC HSSCO administered a full needs assessment in which grantees completed a survey based on the eight federal priorities of the NC HSSCO at that time (there are now ten priorities). For 2010, the NC HSSCO is only required to complete an update to the full needs assessment. Seven of the ten HSSCO federal priority areas included were:

1) Health Services 2) Services for Children Experiencing Homelessness 3) Welfare/Child Welfare 4) Family Literacy 5) Services for Children with Disabilities 6) Community Services and 7) Alignment with K-3.

## Head Start and Early Head Start in North Carolina

There are a total of 57 agencies (grantees) that administer Head Start and/or Early Head Start Services in North Carolina. Head Start services in North Carolina are administered in all 100 counties serving approximately 20,000 low-income children age 3 to 5 and their families each year. Early Head Start services are administered in 38 counties, serving approximately 3,000 low-income children birth to 3, expectant mothers, and their families each year. Head Start and Early Head Start grantees are seated in Community Action Agencies, public school systems, county and tribal governments, and private non-profit agencies.

## Overview of the Needs Assessment process

The NC HSSCO needs assessment was adapted from a version created by the Office of Head Start national work group, and was distributed in written and electronic formats to NC Head Start and Early Head Start programs in January 2010. Fifty four of 57 grantees (95%) responded to the needs assessment update, which is a 10% increase in participation from 2009. **Section I** requested program information related to enrollment data and detailed information about sites that are operated by each grantee. **Section II** of the needs assessment update measured the extent of grantees' collaboration and coordination with various service providers based on a 4-point Likert scale including the following measures from lowest to highest:

No Working Relationship – Little/no contact with service agency

Cooperation – Exchanges info/Makes referrals to service agency

Coordination – Works together with service agency

Collaboration – Shares resources/Has written agreements with service agency

**The final section** of the needs assessment update was open-ended questions that allowed grantees to provide additional feedback (including suggestions) on how the NC HSSCO could best assist grantees to build successful collaborations and partnerships for service delivery.

The survey results were compiled and analyzed, resulting in the development of this summary report and the future development of a strategic plan for the NC HSSCO, which is currently in process.

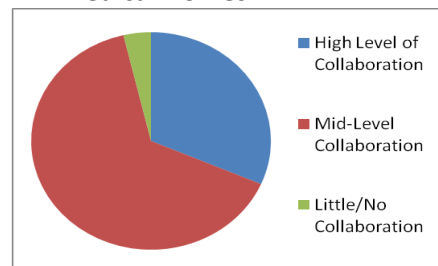
## Summary of Needs Assessment

A general overview of each of the seven assessment areas is included in this section. The results of the NC HSSCO needs assessment UPDATE indicate that the vast majority of grantees are collaborating, coordinating, and aligning services with other entities to better meet the needs of the children and families they serve at the mid-range and highest levels.

**1. Health Care** In this section, Head Start and Early Head Start grantees were asked about the extent to which they collaborate with agencies that provide an array of health services.

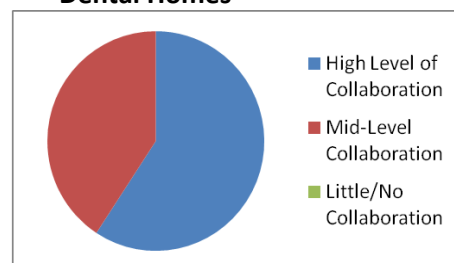
Regarding medical homes, 17 grantees (31%) indicated that they have a high level of collaboration with medical homes. Thirty five grantees (65%) indicated that they have mid-level collaborations with medical homes; and two grantees (4%) indicate that it had little/no working relationship with medical homes.

**Medical Homes**

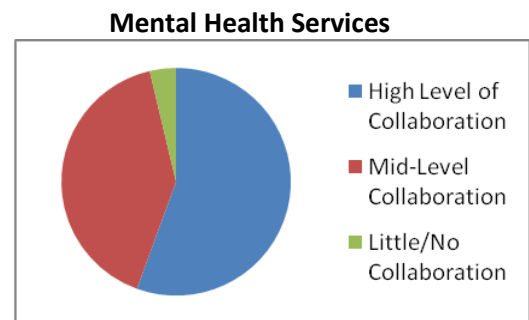


Regarding dental homes, 32 grantees (59%) indicated that they have a high level of collaboration with dental homes. Twenty-two grantees (40%) indicated mid-level collaborations with dental homes. No grantees indicated little or no collaboration.

**Dental Homes**



Thirty grantees (56%) indicated high-level collaborations with local agencies providing mental health services. Twenty-two grantees (41%) indicated mid-level collaborations with mental health services agencies. Two grantees (4%) indicated that they had little or no contact with local agencies that provide mental health services.



#### Summary of CHALLENGES regarding health services for children and families:

- Limited comprehensive prenatal care services for immigrant mothers in order to access care with a licensed physician.
- Finding a health care provider to coordinate the Newborn/maternal two-week homevisit with EHS.
- Physicals not being completed according to EPSDT guidelines.
- Medical homes should be more cognizant of obese children and diagnose/treat accordingly.
- Asthma support services needed.
- Providers charging paperwork fees to parents.
- Providers canceling clients due to no show status.

#### Summary of STRENGTHS when addressing health care needs of children and families:

- Collaborations with dental mobile clinics, pediatric community, health department, local dentists, etc.
- Good relationships with providers that serve on Health Advisory Committee
- Working with local university on an initiative to address depression in young mothers

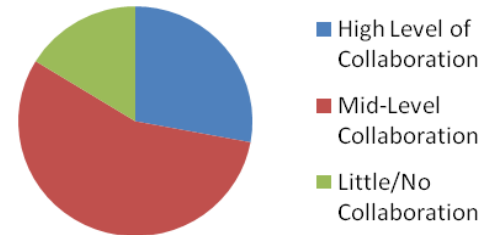
#### Summary of requested assistance from the NC HSSCO:

- Continue efforts related to oral health care and increase access for young, low income children.
- Arrange for access to state lead testing registry
- Develop a universal consent form acceptable to all health care providers
- Develop a data base that links EHS and Head Start
- Assist with educating health care providers of Medicaid requirements
- Establishing a school based health clinic
- More funding to help with the costs for follow-up services

**2. Services for Children Experiencing Homelessness** In this section, Head Start and Early Head Start grantees were asked about the extent to which they collaborate with entities that serve children and families that are highly-mobile.

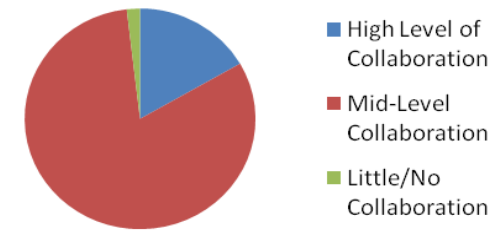
12 grantees (22%) indicated that they collaborate with McKinney-Vento Liaisons at the highest level. Twenty-four grantees (65%) indicated mid-level collaborations with McKinney-Vento Liaisons. The remaining 7 grantees (13%) indicated that they had little or no working relationship with McKinney-Vento Liaisons.

**McKinney-Vento Liaison**



Regarding local agencies that serve families experiencing homelessness, 9 grantees (17%) share resources or have written agreements with them. Forty-four grantees (81%) indicated mid-level collaborations with local agencies that serve homeless families. One grantees (2%) indicated that they had no working relationship with local agencies serving homeless families.

**Local Agencies**



Summary of CHALLENGES regarding services to homeless children and families:

- Providing home visits to families that are homeless
- Availability of subsidy funds for families experiencing homelessness
- Lack of shelters and adequate housing for families, in particular, larger families and families with severe circumstances.

Summary of STRENGTHS regarding efforts to address health care needs of children experiencing homelessness:

- Collaboration with LEA
- Partnerships with various agencies
- Good referral process between HS and EHS

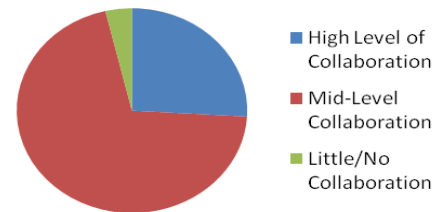
Summary of requested assistance from the NC HSSCO to coordinate services for homeless families:

- Assistance with transportation for children in homeless shelters
- Additional homeless shelters
- Repeat of Homelessness training that was provided at NCHSA by State Collaboration Director and NC Homeless Liaison Coordinator.

**3. Child Welfare Services** In this section, Head Start and Early Head Start grantees were asked about the extent to which they collaborate with entities that provide child welfare services.

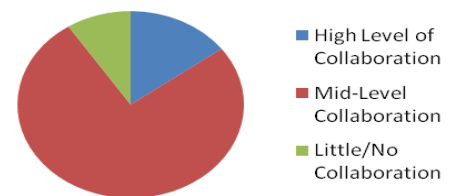
Fourteen grantees (26%) indicated that they collaborate with TANF agencies at the highest level. Thirty-eight grantees (71%) indicated mid-level collaborations with TANF agencies. Two grantees (4%) indicated little or no contact with TANF agencies.

**TANF Agency**



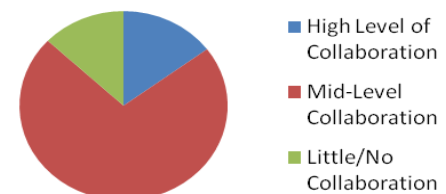
Eight grantees (15%) indicated that they collaborate with Employment Training agencies at the highest level. Forty-one grantees (76%) indicated mid-level collaborations with such agencies. Five grantees (9%) indicated little or no contact with such agencies.

**Employment Training Agencies**



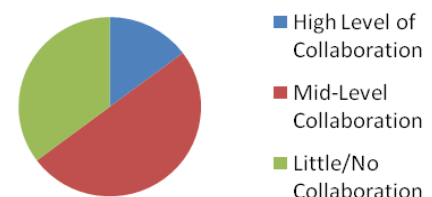
Eight grantees (15%) indicated that they collaborate with agencies providing foster and adoptive services at the highest level. Thirty-nine grantees (72%) indicated mid-level collaborations with such agencies. Seven grantees (13%) indicated having little or no relationship with such agencies.

**Agencies Providing Foster & Adoptive Services**



Eight grantees (15%) indicated that they collaborate with Economic & Community Development Councils at the highest level. Twenty-seven grantees (50%) indicated mid-level collaborations with such agencies. Nineteen grantees (35%) reported little

**Econ. & Comm. Development Councils**



Summary of CHALLENGES regarding child welfare services:

- Local targeting of non-documented families within DSS system
- DSS has many programs, but does not have the funds to support them
- Immigrant families have limited access to employment and job training
- Child welfare agencies do not have enough staff who speak languages other than English.

Summary of STRENGTHS regarding child welfare services:

- Staff participate on interagency councils with child welfare staff

- DSS provides training on Child Abuse and Neglect, Domestic Violence and Child Support
- DSS staff serve on Head Start boards, Policy Council, etc.

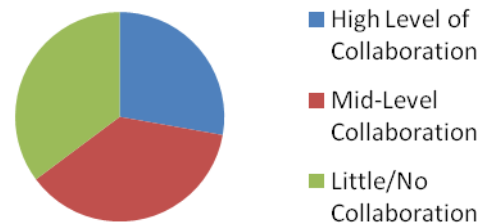
Summary of assistance requested from the NC HSSCO to collaborate with child welfare services:

- Locating funding for emergency services for families

**4. Family Literacy Services** In this section, Head Start and Early Head Start grantees were asked about the extent to which they coordinate family literacy services.

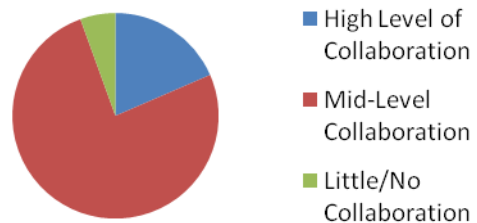
Fifteen grantees (28%) indicated that they collaborate with Title I Part A Family Literacy programs at the highest level. Twenty grantees (37%) indicated mid-level collaborations with such programs. Nineteen grantees (35%) indicated having little or no relationship with such programs.

**Dept. of Ed. Title I, Part A Family Literacy**



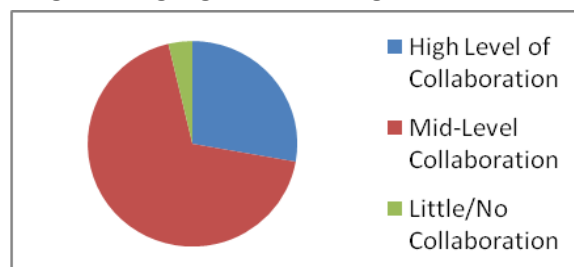
Ten grantees (19%) indicated that they collaborate with Adult Education programs at the highest level. Forty-one grantees (76%) indicated mid-level collaborations with such programs. Three (6%) grantees indicated having little or no relationship with such programs.

**Adult Education programs**



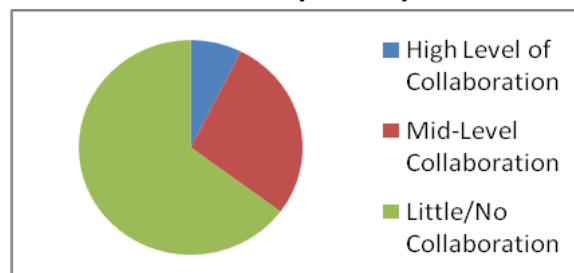
Fifteen grantees (28%) indicated that they collaborate with programs delivering ELL programs and services at the highest level. Thirty-seven grantees (68%) indicated mid-level collaborations with such programs. Two programs (4%) indicated having little or no relationship with such programs.

#### English Language learner Programs & Services



Four programs (7%) indicated that they collaborate with Even Start family literacy programs at the highest level. Fifteen grantees (28%) indicated mid-level collaborations with such programs. Thirty-five grantees (65%) indicated having little or no relationship with such programs.

#### Even Start Family Literacy



**Note:** In 2010, there was an 18% increase in mid to high level collaborations with Even Start Family Literacy Programs.

Summary of CHALLENGES when addressing literacy needs of children and families:

- Funding for resources to be translated for non-English speaking families
- Parents are not always open to discussing their literacy needs
- Transportation and child care for siblings for parents that participate in literacy activities

Summary of STRENGTHS when addressing literacy needs of children and families:

- Advisory committee to address family literacy
- Being a part of a school system is very beneficial
- Free materials from agencies and community colleges
- Family Partnership Agreements help to identify literacy needs, goals and resources

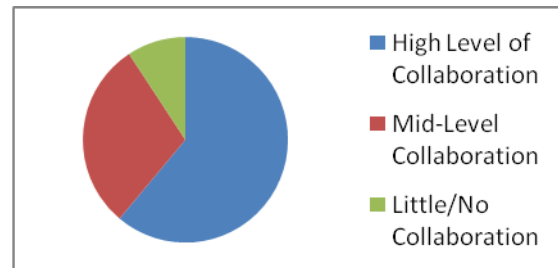
Summary of requested assistance from the NC HSSCO with serving families who need literacy services:

- Strategies to increase parent participation
- Free videos, give-away materials and funding for books
- Information on funding opportunities
- Provide training for family service staff in the area of literacy and how it impacts children and families.

**5. Services for Children with Disabilities** In this section, Head Start and Early Head Start grantees were asked about the extent to which they coordinate services for children with disabilities.

#### Local Part B/619 Providers

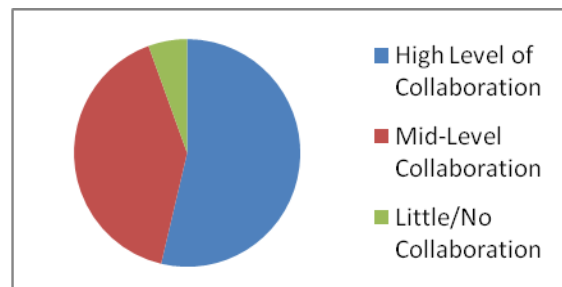
Thirty-three programs (61%) indicated that they coordinate with Part B providers at the highest level. Sixteen grantees (29%) indicated mid-level collaborations with such programs. Five (9%) indicated having little or no relationship with such programs.



**Note:** In 2010 there was a 14% increase in the high level collaborations with local **part B/619** providers.

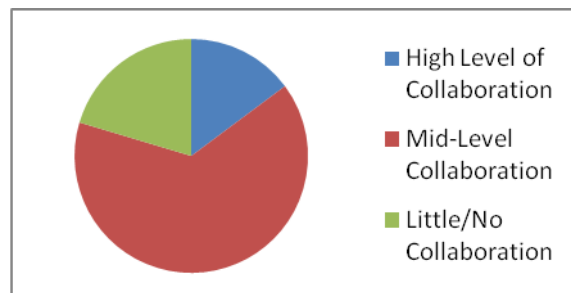
#### Local Part C Providers

Twenty-nine programs (54%) indicated that they coordinate with Part C providers at the highest level. Twenty-two grantees (41%) indicated mid-level collaborations with such programs. Three grantees (6%) indicated having little or no relationship with such programs.



#### Federally-Funded Programs for Children With Disabilities

Eight grantees (15%) indicated that they coordinate with federally-funded programs for children with disabilities at the highest level. Thirty-five grantees (65%) indicated mid-level collaborations with such programs. Eleven grantees (20%) indicated having little or no relationship with such programs.



Summary of the CHALLENGES regarding services to children with disabilities:

- The length of time it takes for children to receive services after being identified
- Difficulty getting parents to follow-up and follow-through with services for their child
- Staff training needs related to serving children with multiply disabilities and with communication with providers.
- Delay in services for children with limited English proficiency.

## Summary of the STRENGTHS regarding services to children with disabilities:

- Working collaboratively with community partners to increase enrollment and services to children.
- Participation in the Local Interagency Coordinating Council (LICC)
- Children are evaluated and receive services onsite because we are in the school system.

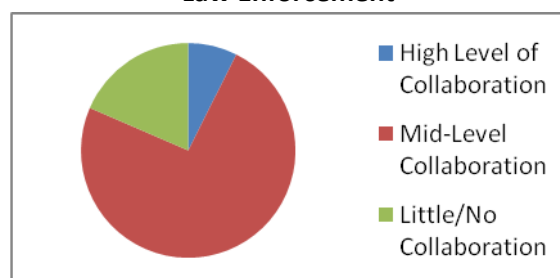
## Summary of assistance requested from the NC HSSCO with serving children with disabilities:

- Assisting with enhancing relationship with LEA
- Funding to pay for additional help in classrooms
- Improvement of LEA service delivery
- Provide literature regarding parental rights and ways parents can advocate for their children

## 6. Community Services In this section, Head Start and Early Head Start grantees were asked about the extent to which they coordinate with community services entities

Four grantees (7%) indicated that it coordinates with law enforcement at the highest level. Forty grantees (74%) indicated mid-level collaborations with such agencies. Ten grantees (19%) indicated having little or no relationship with such agencies.

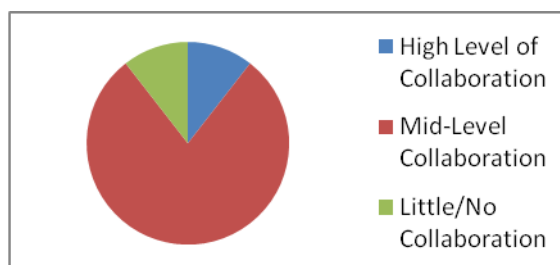
**Law Enforcement**



**Note:** In 2010, there was a 10% decrease in the number of grantees that have a mid to high level collaboration with law enforcement.

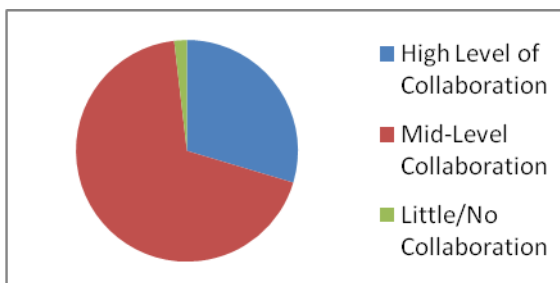
Six grantees (11%) indicated that they coordinate providers of substance abuse prevention at the highest level. Forty-five grantees (83%) indicated mid-level collaborations with such agencies. Six grantees (3%) indicated having little or no relationship with such agencies.

**Providers of Substance Abuse Prevention**



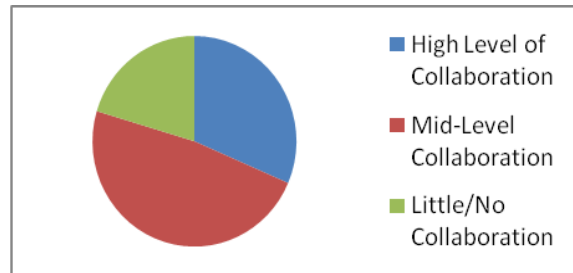
**Providers of Child Abuse Prevention**

Sixteen grantees (30%) indicated that they coordinate with child abuse prevention agencies at the highest level. Thirty-seven grantees (69%) indicated mid-level collaborations with such agencies. One (2%) indicated having little or no relationship with such agencies.



Seventeen grantees (31%) indicated that they coordinate with agencies providing volunteer services at the highest level. Twenty-six grantees (49%) indicated mid-level collaborations with such agencies. Eleven grantees (20%) indicated having little or no relationship with volunteer services agencies.

**Agencies Providing Volunteer Services**



#### Summary of CHALLENGES addressing the community service needs of children and families

- Limited or lack of funding and resources
- Undocumented families sometimes do not have access to community service providers
- Difficulty securing speakers for parent trainings who speak languages other than English and Spanish.

#### Summary of STRENGTHS addressing the community service needs of children and families:

- Collaboration with faith based organizations to address emergency needs of families
- Head Start staff serve on various community boards and committees to advocate for families
- Community agency representatives serve on Head Start boards and committees
- Family Service Workers make sure that parents know what is going on in the community through flyers and posters
- Community agencies work closely with Head Start and the school system

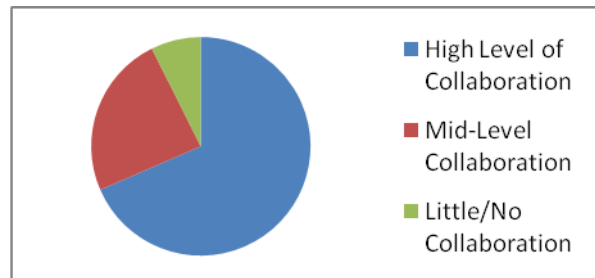
#### Summary of assistance requested from the NC HSSCO with coordinating with community service agencies:

- Advertising and promotion of Head Start
- More opportunities to help parents get involved in the community
- Training for staff related to collaborative projects

**7. Head Start Transition and Alignment with K-12** In this section, Head Start and Early Head Start grantees were asked about the extent to which they collaborate with Local Education Agencies.

Thirty-seven grantees (69%) indicated that they coordinate with LEAs regarding transitions at the highest level. Thirteen grantees (25%) indicated mid-level collaborations with LEAs regarding transitions. Four grantees (7%) indicated having little or no relationship with LEAs regarding transitions.

**Relationships with LEAs Regarding Transitions**



Summary of CHALLENGES regarding Head Start transition and alignment with K-12 for children and families:

- Expectations of Principals and kindergarten teachers is not always the same as Head Start expectations.
- Kindergarten teachers and Principals do not observe Head Start classrooms
- There are not meetings that involve Head Start teachers, parents, and kindergarten teachers to discuss the children's developmental progress.

Summary of STRENGTHS regarding Head Start transition to schools:

- Head Start Director is included in LEA staff development and administrative meetings
- Joint training opportunities for Head Start and LEA
- Shared developmental/health screenings
- Child Outcomes Framework and NC Early Learning Standards align well

Summary of assistance requested from the NC HSSCO regarding Head Start transitions and alignment with K-12:

- Encourage LEA's to work with Head Start programs on a more formal level
- Provide guidance on appropriate transition options for EHS children at the age of 3.
- Help to establish transition agreements with LEA's
- Continue to advocate for Head Start, especially with LEAs who do not see Head Start as a quality program.

## **Conclusions**

It appears from the Needs Assessment Update that HS and EHS grantees in North Carolina are working from a firm foundation of collaboration, coordination, and alignment of services with other entities to improve services to children and families. Grantees report that they are strongest in their collaborative arrangements with dental homes; working with the TANF agency, local agencies serving families experiencing homelessness, and mental health service providers. Grantees are weakest in family literacy collaborations, working with Economic and Community Development councils and working with agencies providing volunteer services.